

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.
- Complete employer verification form(s) must be submitted for each additional representation.

**FOR OFFICE USE ONLY**

Postmark Date: 10/30/98

LSUPP  
1981990  
SERIAL 2  
P 2:42  
V51057  
\$10.00 jrm

1. NAME Spradley Thomas J.  
Last First MI
2. BUSINESS PHONE (225) 766-1359
3. BUSINESS ADDRESS 7612 Picardy Ave., Ste. L., Baton Rouge, LA 70808  
Street and No. City State Zip
4. EMPLOYER Spradley & Spradley
5. EMPLOYER'S ADDRESS same as above  
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No XX
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.
1. Name Louisiana Assn. of Waterway Operators and Shipyards  
Address 30 Robin Street Wharf, New Orleans, LA 70130-1890  
Business or purpose Maritime
- ☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
- ☒ Terminated Representation as of 09-30-98



# SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_


State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Thomas J. Spradley, who,  
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist

Sworn to and subscribed before me on this 29<sup>th</sup> day of October, 1998.

  
Notary Public